

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--



Operator:
lantha Resources, LLC
Garnett, KS

Minckley #3 Inj.

Anderson Co., KS
3-23S-19E
API: 003-26541

Spud Date:	10/25/2016	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.3'	Longstring:	750.3'
Surface Cement:	6 sx	Longstring Date:	10/26/2016
Longstring:	2 7/8 EUE API		

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	6	Clay	
6	11	Sandstone	
11	104	Shale	
104	145	Lime	
145	168	Shale	
168	169	Coal	
169	173	Shale	
173	182	Lime	
182	193	Shale	
193	199	Bl. Shale	
199	207	Shale	
207	267	Lime	
267	276	Shale	
276	295	Lime	
295	299	Shale	
299	306	Lime	
306	309	Shale	
309	316	Lime	
316	453	Shale	
453	458	Lime	
458	490.5	Shale	
490.5	498	Lime	
498	513	Shale	

Minckley #3 Inj.
Anderson Co., KS

513	528	Lime	
528	548	Shale	
548	564	Sandy Shale	
564	579	Sand	Hard grey
579	587	Shale	
587	601	Lime	
601	616	Shale	
616	620	Lime	
620	638	Shale	
638	658	Lime	
658	666	Shale	
666	669	Lime	
669	683	Shale	
683	687	Lime	
687	692	Shale	
692	705	Sand	See below
705	762	Shale	
762		TD	

Sand Detail

692-694	Laminated sand & shale, good odor, fair bleed of free oil in samples
694-702	Sand, good clean sand, good oil show, good bleed of free oil
702-704	Sand, lighter oil saturation, some grey sand
704-706	Sand & sandy shale, grey, no odor

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	IANTHA RESOURCES	Date:	10/27/2016	Ticket No.:	100820
Field Rep:	DAVE LYBERGER				
Address:					
City, State:					
County, Zip:					

Field Order No.:	100820	Open Hole:	5 7/8"	Perf Depths (ft)	Perfs
Well Name:	MINCKLEY #3 INJ	Casing Depth:			
Location:	COLONY	Casing Size:			
Formation:		Tubing Depth:	750		
Type of Service:	LONGSTRING	Tubing Size:	2 7/8"		
Well Type:		Liner Depth:			
Age of Well:		Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:		Total Depth:			
				Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
1:30 PM					ON LOCATION			
					SAFETY MEETING SPOT IN RIG UP			
1:40 PM			100.0		BREAK CIRCULATION			2.50
1:43 PM			100.0		MIX AND PUMP GEL			9.00
1:49 PM			100.0		PUMP FRESHWATER			10.00
1:52 PM			100.0		PUMP DYED WATER			5.00
1:55 PM			300.0		MIX AND PUMP CEMENT (114 SACKS)			25.11
					STOP			
					DROP PLUG			
					WASH PUMP AND LINES			
2:11 PM			300.0		DISPLACE			4.34
2:14 PM			1,400.0		BUMP PLUG			
					HOLD 800 PSI FOR 30 MIN			
2:44 PM			500.0		RELEASE PRESSURE			
					WASH UP PUMP			
					RIG DOWN			
TOTAL:						-	-	55.95

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
-	#DIV/0!	1,400.0	362.5

PRODUCTS USED

114 SACKS 50:50 + 2% GEL + .25 LB/SK PHENOSEAL

Treater: JAKE / TODD

Customer: DAVE LYBERGER



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: IANTHA RESOURCES				Customer Name: DAVE LYBERGER				Ticket No.: 100820			
Address:				AFE No.:				Date: 10/27/2016			
City, State, Zip:				Job type: LONGSTRING							
Service District: GARNETT, KANSAS				Well Details:							
Well name & No: MINCKLEY #3 INJECTION				Well Location: COLONY		County: ANDERSON		State: KANSAS			
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED					
25	JAKE	242	KEVIN			ARRIVED AT JOB					
28	TODD					START OPERATION					
231	RON					FINISH OPERATION					
147-250	PETE					RELEASED					
109	BILLY					MILES FROM STATION TO WELL					
						AM PM	TIME				
						AM PM	1:30				
						AM PM					
						AM PM					
						AM PM	2:30				
						AM PM					

Treatment Summary										

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C23102	Cement Pump	ea	1.00	\$675.00	\$675.00	\$506.25
C24201	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	\$225.00
C10900	Vacuum Truck 80 bbl	hr	2.00	\$84.00	\$168.00	\$126.00
P01604	50/50 Pozmix Cement	sack	114.00	\$11.30	\$1,288.20	\$966.15
P01607	Bentonite Gel	lb	192.00	\$0.30	\$57.60	\$43.20
P01607	Bentonite Gel	lb	300.00	\$0.30	\$90.00	\$45.00
P01618	Pheno Seal	lb	29.00	\$1.70	\$49.30	\$36.98
P01631	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	\$22.50

<p>TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection. Authorization below acknowledges receipt and acceptance of all terms and conditions including the Standard Terms of Sale.</p> <p>X _____ <small>CUSTOMER AUTHORIZED AGENT</small></p>	Gross: \$ 2,658.10		Net:	\$ 1,971.08	
	Total Taxable	\$ -	Tax Rate: 7.150%	<div style="border: 1px solid black; width: 100px; height: 20px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>	
	Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.			Sale Tax:	\$ -
				Total:	\$ 1,971.08
	Date of Service: 10/27/2016				
	HSI Representative: JAKE HEARD/TODD SEBA				
Customer Representative: DAVE LYBERGER					
Customer Comments or Concerns:					

Hurricane Services appreciates any Comments, Concerns or Criticism's from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.

